

EXHIBIT A

2019-04789

COURT: 055th

FILED DATE: 1/18/2019

CASE TYPE: Debt/Contract - Consumer/DTPA



NANDIN, ALFREDO

Attorney: GERGUIS, MARIA RIZKALLA

VS.

GEOVERA SPECIALTY INSURANCE COMPANY

Docket Sheet Entries

Date	Comment
------	---------

CAUSE NUMBER (FOR CLERK USE ONLY):

COURT (FOR CLERK USE)

Envelope No: 30523165

STYLED ALFREDO NANDIN V. GEOVERA SPECIALTY INSURANCE COMPANYBy: HUTCHINSON, MIAEDA A
Filed: 1/18/2019 5:11:11 PM

(e.g., John Smith v. All American Insurance Co; In re Mary Ann Jones; In the Matter of the Estate of George Jackson)
 A civil case information sheet must be completed and submitted when an original petition or application is filed to initiate a new civil, family law, probate, or mental health case or when a post-judgment petition for modification or motion for enforcement is filed in a family law case. The information should be the best available at the time of filing.

1. Contact information for person completing case information sheet:		Names of parties in case:	Person or entity completing sheet is:
Name: <u>Maria R. Gerguis</u>	Email: <u>ecfs@dalyblack.com</u>	Plaintiff(s)/Petitioner(s): <u>ALFREDO NANDIN</u>	<input checked="" type="checkbox"/> Attorney for Plaintiff/Petitioner <input type="checkbox"/> Pro Se Plaintiff/Petitioner <input type="checkbox"/> Title IV-D Agency <input type="checkbox"/> Other: _____
Address: <u>2211 Norfolk St., Ste 800</u>	Telephone: <u>(713) 655-1405</u>	Defendant(s)/Respondent(s): <u>GEOVERA SPECIALTY INSURANCE COMPANY</u>	Additional Parties in Child Support Case:
City/State/Zip: <u>Houston, Texas 77098</u>	Fax: <u>(713) 655-1587</u>		Custodial Parent: _____
Signature: <u>/s/ Maria R. Gerguis</u>	State Bar No: <u>24090355</u>		Non-Custodial Parent: _____
[Attach additional page as necessary to list all parties]			

2. Indicate case type, or identify the most important issue in the case (select only 1):

Civil			Family Law	
Contract	Injury or Damage	Real Property	Marriage Relationship	Post-judgment Actions (non-Title IV-D)
<input checked="" type="checkbox"/> Debt/Contract <input checked="" type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: <input type="checkbox"/> Foreclosure <input type="checkbox"/> Home Equity—Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract: 	<input type="checkbox"/> Assault/Battery <input type="checkbox"/> Construction <input type="checkbox"/> Defamation Malpractice <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional Liability: <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises Product Liability <input type="checkbox"/> Asbestos/Silica <input type="checkbox"/> Other Product Liability List Product: <input type="checkbox"/> Other Injury or Damage: _____	<input type="checkbox"/> Eminent Domain/ Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: _____	<input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void Divorce <input type="checkbox"/> With Children <input type="checkbox"/> No Children	<input type="checkbox"/> Enforcement <input type="checkbox"/> Modification—Custody <input type="checkbox"/> Modification—Other Title IV-D <input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Reciprocals (UIFSA) <input type="checkbox"/> Support Order
Employment	Related to Criminal Matters			Other Family Law
<input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other Employment: _____	<input type="checkbox"/> Expunction <input type="checkbox"/> Judgment Nisi <input type="checkbox"/> Non-Disclosure <input type="checkbox"/> Seizure/Forfeiture <input type="checkbox"/> Writ of Habeas Corpus—Pre-indictment <input type="checkbox"/> Other: _____			<input type="checkbox"/> Enforce Foreign Judgment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Name Change <input type="checkbox"/> Protective Order <input type="checkbox"/> Removal of Disabilities of Minority <input type="checkbox"/> Other: _____
Tax	Parent-Child Relationship			
<input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax	<input type="checkbox"/> Adoption/Adoption with Termination <input type="checkbox"/> Child Protection <input type="checkbox"/> Child Support <input type="checkbox"/> Custody or Visitation <input type="checkbox"/> Gestational Parenting <input type="checkbox"/> Grandparent Access <input type="checkbox"/> Parentage/Paternity <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Other Parent-Child: _____			
Other Civil				
<input type="checkbox"/> Administrative Appeal <input type="checkbox"/> Antitrust/Unfair Competition <input type="checkbox"/> Code Violations <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Intellectual Property <input type="checkbox"/> Lawyer Discipline <input type="checkbox"/> Perpetuate Testimony <input type="checkbox"/> Securities/Stock <input type="checkbox"/> Tortious Interference <input type="checkbox"/> Other: _____				
Probate & Mental Health				
<input type="checkbox"/> Probate/Wills/Intestate Administration <input type="checkbox"/> Dependent Administration <input type="checkbox"/> Independent Administration <input type="checkbox"/> Other Estate Proceedings <input type="checkbox"/> Guardianship—Adult <input type="checkbox"/> Guardianship—Minor <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____				

3. Indicate procedure or remedy, if applicable (may select more than 1):

<input type="checkbox"/> Appeal from Municipal or Justice Court <input type="checkbox"/> Arbitration-related <input type="checkbox"/> Attachment <input type="checkbox"/> Bill of Review <input type="checkbox"/> Certiorari <input type="checkbox"/> Class Action	<input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Interpleader <input type="checkbox"/> License <input type="checkbox"/> Mandamus <input type="checkbox"/> Post-judgment	<input type="checkbox"/> Prejudgment Remedy <input type="checkbox"/> Protective Order <input type="checkbox"/> Receiver <input type="checkbox"/> Sequestration <input type="checkbox"/> Temporary Restraining Order/Injunction <input type="checkbox"/> Turnover
---	---	---

4. Indicate damages sought (do not select if it is a family law case):

- Less than \$100,000, including damages of any kind, penalties, costs, expenses, pre-judgment interest, and attorney fees
- Less than \$100,000 and non-monetary relief
- Over \$100,000 but not more than \$200,000
- Over \$200,000 but not more than \$1,000,000
- Over \$1,000,000



I, Marilyn Burgess, District Clerk of Harris County, Texas certify that this is a true and correct copy of the original record filed and or recorded in my office, electronically or hard copy, as it appears on this date.
Witness my official hand and seal of office
this March 15, 2019

Certified Document Number: 83507689 Total Pages: 1

Marilyn Burgess, DISTRICT CLERK
HARRIS COUNTY, TEXAS

In accordance with Texas Government Code 406.013 electronically transmitted authenticated documents are valid. If there is a question regarding the validity of this document and or seal please e-mail support@hcdistrictclerk.com

CAUSE NUMBER (FOR CLERK USE ONLY):

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Envelope No: 30523165

STYLED ALFREDO NANDIN V. GEOVERA SPECIALTY INSURANCE COMPANY

By: HUTCHINSON, MIAEDA A

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Address: <u>2211 Norfolk St., Ste 800</u>	Telephone: <u>(713) 655-1405</u>	Defendant(s)/Respondent(s): <u>GEOVERA SPECIALTY INSURANCE COMPANY</u>	Additional Parties in Child Support Case:
City/State/Zip: <u>Houston, Texas 77098</u>	Fax: <u>(713) 655-1587</u>		Custodial Parent: _____
Signature: <u>/s/ Maria R. Gerguis</u>	State Bar No: <u>24090355</u>		Non-Custodial Parent: _____
[Attach additional page as necessary to list all parties]			

2. Indicate case type, or identify the most important issue in the case (select only 1):

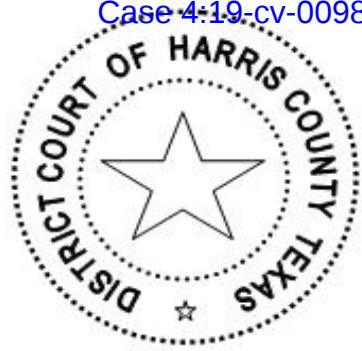
Civil			Family Law	
Contract	Injury or Damage	Real Property	Marriage Relationship	Post-judgment Actions (non-Title IV-D)
<input checked="" type="checkbox"/> Debt/Contract <input checked="" type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: <input type="checkbox"/> Foreclosure <input type="checkbox"/> Home Equity—Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract: 	<input type="checkbox"/> Assault/Battery <input type="checkbox"/> Construction <input type="checkbox"/> Defamation Malpractice <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional Liability: <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises Product Liability <input type="checkbox"/> Asbestos/Silica <input type="checkbox"/> Other Product Liability List Product: <input type="checkbox"/> Other Injury or Damage: _____	<input type="checkbox"/> Eminent Domain/ Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: _____	<input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void Divorce <input type="checkbox"/> With Children <input type="checkbox"/> No Children	<input type="checkbox"/> Enforcement <input type="checkbox"/> Modification—Custody <input type="checkbox"/> Modification—Other Title IV-D <input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Reciprocals (UIFSA) <input type="checkbox"/> Support Order
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Other Civil				
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Probate & Mental Health				
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I, Marilyn Burgess, District Clerk of Harris County, Texas certify that this is a true and correct copy of the original record filed and or recorded in my office, electronically or hard copy, as it appears on this date.
Witness my official hand and seal of office
this March 15, 2019

Certified Document Number: 83507689 Total Pages: 1

Marilyn Burgess, DISTRICT CLERK
HARRIS COUNTY, TEXAS

In accordance with Texas Government Code 406.013 electronically transmitted authenticated documents are valid. If there is a question regarding the validity of this document and or seal please e-mail support@hcdistrictclerk.com

CIVIL PROCESS REQUEST

FOR EACH PARTY SERVED YOU MUST FURNISH ONE (1) COPY OF THE PLEADING
 FOR WRITS FURNISH TWO (2) COPIES OF THE PLEADING PER PARTY TO BE SERVED

CASE NUMBER: _____

CURRENT COURT: _____

TYPE OF INSTRUMENT TO BE SERVED (See Reverse For Types): Plaintiff's Original Petition

FILE DATE OF MOTION: N/A
Month/ Day/ Year

SERVICE TO BE ISSUED ON (Please List Exactly As The Name Appears In The Pleading To Be Served):

1. NAME: Geovera Specialty Insurance Company, through Texas Dept of Insurance

ADDRESS: P. O. Box 149104, Austin, Texas; TDI shall then forward to Geovera via CM,RRR, to

AGENT, (if applicable): 1455 Oliver Rd., Fairfield, California 94534

TYPE OF SERVICE/PROCESS TO BE ISSUED (see reverse for specific type): Citation

SERVICE BY (check one):

- | | |
|---|--|
| <input type="checkbox"/> ATTORNEY PICK-UP | <input type="checkbox"/> CONSTABLE |
| <input type="checkbox"/> CIVIL PROCESS SERVER - Authorized Person to Pick-up: | Phone: _____ |
| <input type="checkbox"/> MAIL | <input checked="" type="checkbox"/> CERTIFIED MAIL |
| <input type="checkbox"/> PUBLICATION: | |
| Type of Publication: | <input type="checkbox"/> COURTHOUSE DOOR, or
<input type="checkbox"/> NEWSPAPER OF YOUR CHOICE: _____ |
| <input type="checkbox"/> OTHER, explain _____ | |

2. NAME: _____

ADDRESS: _____

AGENT, (if applicable): _____

TYPE OF SERVICE/PROCESS TO BE ISSUED (see reverse for specific type): _____

SERVICE BY (check one):

- | | |
|---|--|
| <input type="checkbox"/> ATTORNEY PICK-UP | <input type="checkbox"/> CONSTABLE |
| <input type="checkbox"/> CIVIL PROCESS SERVER - Authorized Person to Pick-up: | Phone: _____ |
| <input type="checkbox"/> MAIL | <input type="checkbox"/> CERTIFIED MAIL |
| <input type="checkbox"/> PUBLICATION: | |
| Type of Publication: | <input type="checkbox"/> COURTHOUSE DOOR, or
<input type="checkbox"/> NEWSPAPER OF YOUR CHOICE: _____ |
| <input type="checkbox"/> OTHER, explain _____ | |

ATTORNEY (OR ATTORNEY'S AGENT) REQUESTING SERVICE:

NAME: Maria Gerguis TEXAS BAR NO./ID NO. 24090355

MAILING ADDRESS: DALY & BLACK, P.C., 2211 Norfolk, Suite 800, Houston, TX 77098

PHONE NUMBER: 713 area code 655.1405 phone number FAX NUMBER: 713 area code 655.1587 fax number

EMAIL ADDRESS: ecfs@dalyblack.com

SERVICE REQUESTS WHICH CANNOT BE PROCESSED BY THIS OFFICE WILL BE HELD FOR 30 DAYS PRIOR TO CANCELLATION. FEES WILL BE REFUNDED ONLY UPON REQUEST, OR AT THE DISPOSITION OF THE CASE. SERVICE REQUESTS MAY BE REINSTATED UPON APPROPRIATE ACTION BY THE PARTIES.

INSTRUMENTS TO BE SERVED:

(Fill In Instrument Sequence Number, i.e. 1st, 2nd, etc.)

ORIGINAL PETITION

- AMENDED PETITION
 SUPPLEMENTAL PETITION

COUNTERCLAIM

- AMENDED COUNTERCLAIM
 SUPPLEMENTAL COUNTERCLAIM

CROSS-ACTION:

- AMENDED CROSS-ACTION
 SUPPLEMENTAL CROSS-ACTION

THIRD-PARTY PETITION:

- AMENDED THIRD-PARTY PETITION
 SUPPLEMENTAL THIRD-PARTY PETITION

INTERVENTION:

- AMENDED INTERVENTION
 SUPPLEMENTAL INTERVENTION

INTERPLEADER

- AMENDED INTERPLEADER
 SUPPLEMENTAL INTERPLEADER

INJUNCTION

MOTION TO MODIFY

SHOW CAUSE ORDER

TEMPORARY RESTRAINING ORDER

BILL OF DISCOVERY:

ORDER TO: _____
 (specify)MOTION TO: _____
 (specify)PROCESS TYPES:NON WRIT:

- CITATION
 ALIAS CITATION
 PLURIES CITATION
 SECRETARY OF STATE CITATION
 COMMISSIONER OF INSURANCE
 HIGHWAY COMMISSIONER
 CITATION BY PUBLICATION
 NOTICE
 SHORT FORM NOTICE

- PRECEPT (SHOW CAUSE)
 RULE 106 SERVICE

SUBPOENA

WRITS:

- ATTACHMENT (PROPERTY)
 ATTACHMENT (WITNESS)
 ATTACHMENT (PERSON)

CERTIORARI

- EXECUTION
 EXECUTION AND ORDER OF SALE

- GARNISHMENT BEFORE JUDGMENT
 GARNISHMENT AFTER JUDGMENT

- HABEAS CORPUS
 INJUNCTION
 TEMPORARY RESTRAINING ORDER

- PROTECTIVE ORDER (FAMILY CODE)
 PROTECTIVE ORDER (CIVIL CODE)

- POSSESSION (PERSON)
 POSSESSION (PROPERTY)

- SCIRE FACIAS
 SEQUESTRATION
 SUPERSEDEAS



I, Marilyn Burgess, District Clerk of Harris County, Texas certify that this is a true and correct copy of the original record filed and or recorded in my office, electronically or hard copy, as it appears on this date.
Witness my official hand and seal of office
this March 15, 2019

Certified Document Number: 83507690 Total Pages: 2

Marilyn Burgess, DISTRICT CLERK
HARRIS COUNTY, TEXAS

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7015 3430 0000 0852 8925

P.2

CAUSE NO. 201904789

RECEIPT NO.

75.00

CTM

TR # 73584466

PLAINTIFF: NANDIN, ALFREDO
vs.

DEFENDANT: GEOVERA SPECIALTY INSURANCE COMPANY

In The 55th
Judicial District Court
of Harris County, Texas
55TH DISTRICT COURT
Houston, TX

CITATION (CERTIFIED)

THE STATE OF TEXAS
County of HarrisTO: GEOVERA SPECIALTY INSURANCE COMPANY MAY BE SERVED THROUGH
THE TEXAS DEPARTMENT OF INSURANCE
P O BOX 149104 AUSTIN TX 78714-9104
FORWARD TO:

1455 OLIVER RD FAIRFIELD CA 94534

Attached is a copy of PLAINTIFF'S ORIGINAL PETITIONThis instrument was filed on the 18th day of January, 2019, in the above cited cause number and court. The instrument attached describes the claim against you.

YOU HAVE BEEN SUED, You may employ an attorney. If you or your attorney do not file a written answer with the District Clerk who issued this citation by 10:00 a.m on the Monday next following the expiration of 20 days after you were served this citation and petition, a default judgment may be taken against you.

TO OFFICER SERVING:

This citation was issued on 23rd day of January, 2019, under my hand and seal of said Court.

*Marilyn Burgess*MARILYN BURGESS, District Clerk
Harris County, Texas
201 Caroline, Houston, Texas 77002
(P.O. Box 4651, Houston, Texas 77210)

Generated By: HUTCHINSON, MIAEDA A CCG//11142243

CLERK'S RETURN BY MAILING

Came to hand the _____ day of _____, _____, and executed by mailing to Defendant certified mail, return receipt requested, restricted delivery, a true copy of this citation together with an attached copy of PLAINTIFF'S ORIGINAL PETITION to the following addressee at address:

ADDRESS

Service was executed in accordance with Rule 106

(2) TRCP, upon the Defendant as evidenced by the return receipt incorporated herein and attached hereto at

on _____ day of _____, _____
by U.S. Postal delivery to _____This citation was not executed for the following reason:
_____MARILYN BURGESS, District Clerk
Harris County, TEXAS

By _____, Deputy

CAUSE NO. 201904789

RECEIPT NO.

75.00

CTM

TR # 73584466

PLAINTIFF: NANDIN, ALFREDO
vs.

DEFENDANT: GEOVERA SPECIALTY INSURANCE COMPANY

In The 55th
Judicial District Court
of Harris County, Texas
55TH DISTRICT COURT
Houston, TX

CITATION (CERTIFIED)

THE STATE OF TEXAS
County of Harris

TO: GEOVERA SPECIALTY INSURANCE COMPANY MAY BE SERVED THROUGH
THE TEXAS DEPARTMENT OF INSURANCE
P O BOX 149104 AUSTIN TX 78714-9104
FORWARD TO:

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TO OFFICER SERVING:

This citation was issued on 23rd day of January, 2019, under my hand and seal of said Court.

*Marilyn Burgess*

MARILYN BURGESS, District Clerk
Harris County, Texas
201 Caroline, Houston, Texas 77002
(P.O. Box 4651, Houston, Texas 77210)

Generated By: HUTCHINSON, MIAEDA A CCG//11142243

CLERK'S RETURN BY MAILING

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ADDRESS

(a) ADDRESSEE

Service was executed in accordance with Rule 106
(2) TRCP, upon the Defendant as evidenced by the return receipt incorporated herein and attached hereto at

on _____ day of _____, _____, by U.S. Postal delivery to _____

This citation was not executed for the following reason: _____

MARILYN BURGESS, District Clerk
Harris County, TEXAS

By _____, Deputy



I, Marilyn Burgess, District Clerk of Harris County, Texas certify that this is a true and correct copy of the original record filed and or recorded in my office, electronically or hard copy, as it appears on this date.
Witness my official hand and seal of office
this March 15, 2019

Certified Document Number: 83598108 Total Pages: 2

Marilyn Burgess, DISTRICT CLERK
HARRIS COUNTY, TEXAS

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2019-04789

U.S. Postal Service™ 2019-04789
CERTIFIED MAIL® RECEIPT
Domestic Mail  

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee JAN 25 2019
\$ 3.49 \$ 3.68

Extra Services & Fees (Check all that apply and indicate amount):
 Return Receipt (hardcopy)
 Return Receipt (electronic)
 Certified Mail Restricted Delivery \$ 0.00
 Adult Signature Required \$ 0.00
 Adult Signature Restricted Delivery \$ 0.00

Postage \$ 3.68 \$ 8.88

MARY BURGESS
District Clerk

JAN 25 2019
SAV 40
Postmark Here
HOUSTON, TX

GEOVERA SPECIALTY INSURANCE COMPANY
c/o THE TEXAS DEPARTMENT OF INSURANCE
P O BOX 149104
AUSTIN, TX 78714-9104

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 3430 0000 0852 8925

01-25-19



I, Marilyn Burgess, District Clerk of Harris County, Texas certify that this is a true and correct copy of the original record filed and or recorded in my office, electronically or hard copy, as it appears on this date.
Witness my official hand and seal of office
this March 15, 2019

Certified Document Number: 83659349 Total Pages: 1

Marilyn Burgess, DISTRICT CLERK
HARRIS COUNTY, TEXAS

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COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Certified Document Number 5499

EOVERA SPECIALTY INSURANCE COMPANY
 TO THE TEXAS DEPARTMENT OF INSURANCE
 P O BOX 149104
 AUSTIN, TX 78714-9104



9590 9402 2307 6225 7408 53

2. Article Number (Transfer from service label)

7015 3430 0000 0852 8925

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

JAN 28 2019

D. Is delivery address different from item 1?

If YES, enter delivery address below:

 Yes No

2019 - 04789

55th

3. Service Type

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

Mail
 Mail Restricted Delivery
 0)

USPS TRACKING #



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 2307 6225 7408 53

841584
United States
Postal Service
FILED
MARILYN BURGESS
DISTRICT CLERK
HARRIS COUNTY TEXAS

2019 FEB 26

02/20/19

- Sender: Please print your name, address, and ZIP+4® in this box*

MARILYN BURGESS
HARRIS COUNTY DISTRICT CLERK
P.O. BOX 4651
HOUSTON, TEXAS 77210-4651

AM 9:22

BY MAIL PROCESSING ADMIN



I, Marilyn Burgess, District Clerk of Harris County, Texas certify that this is a true and correct copy of the original record filed and or recorded in my office, electronically or hard copy, as it appears on this date.
Witness my official hand and seal of office
this March 15, 2019

Certified Document Number: 84158499 Total Pages: 2

Marilyn Burgess, DISTRICT CLERK
HARRIS COUNTY, TEXAS

In accordance with Texas Government Code 406.013 electronically transmitted authenticated documents are valid. If there is a question regarding the validity of this document and or seal please e-mail support@hcdistrictclerk.com